Best and Promising Practices for LGBTQ Inclusion and Cultural Competence at State and Local Health Departments

May 16, 2018 | 4pm ET

Moderator: Regina R. Washington, DrPH, LGBT HealthLink Program Director

Presenters:
Julia Thorsness, Alaska Cancer Control Program
Ken Walker, Arizona Tobacco Control Program
EJ Siegl, Michigan Cancer Control Program

www.LGBTCenters.org • 954-765-6024 • information@LGBTCenters.org
Nonprofit founded in 1994

Helps develop strong, sustainable LGBT community centers with a national network of 190+ organizations

Builds a thriving network of centers for healthy, vibrant communities

Recognized by the White House as a “Champion of Change”
LGBT HealthLink

- One of eight CDC-funded cancer and tobacco disparity networks
- Advance LGBT wellness by addressing LGBT tobacco and cancer health disparities
- Link people with information and promote adoption of best practices
- We promote tobacco prevention & cessation, decreased second-hand smoke exposure, cancer prevention and screening and improved quality of life for those with cancer

Become a member at www.MyLGBTHealthLink.org
LGBT HealthLink Provides:

- Technical Assistance
- Trainings/Webinars/Presentations
- Needs Assessment Tool
- Sample non-discrimination policies
- Other resources such as educational materials
- Tobacco Census

- Cancer Assessment of Community Level of Readiness
- Cross-sectoral connections between health systems, providers, community centers, and departments of health
- Linkages for information and best and promising practices
Today’s Presenters

Regina R. Washington
Julia Thorsness
Ken Walker
EJ Siegl
Discussion Objectives

• What best and promising practices has your state program adopted for LGBT community engagement?

• Describe the process of adopting the selected best and promising practices (challenges and successes).

• What impacts have the best and promising practices had on standard practices and systems?
Comprehensive Cancer Control required work with state coalitions.

Identity, Inc. our local experts

Starting with cultural competency training for public health staff.

- Cultural competency training for coalition
- Partnership training on LGBT Best and Promising Practice
  
  http://www.lgbthealthlink.org/Projects/Cancer-Best-Practices

- Welcoming Oncology Offices
Best Practice: Including SOGI data

- Behavioral Risk Factor Surveillance System
  - Nation wide
  - Identify gaps
- Working with local University and community partner for data collection
- Key informant interviews
- Partnership with Identity, Inc.
Safe Environment

Cultural competence

Welcoming Oncology Offices, trained staff, forms, health literature

Goal: access to best treatment and high quality of life for all
Best Practice
- Standardize Practice

Local Activities
- Include in Alaska Cancer Plan
- Input from local community
- Participate on workgroups
Future Opportunities

- Local Need Assessment
- Cultural Competency Training - Ongoing
- Welcoming Oncology Offices expand
- Goal of improved screening rates and high quality of life for all cancer survivors
Thank You!

- Julia Thorsness, Program Coordinator
- State of Alaska, Comprehensive Cancer Control Program
- 907-269-8092
- Julia.thorsness@alaska.gov
FRESH Arizona team of trainers

Ken Walker
Director of Initiatives Development
Pima Prevention Partnership
Arizona Department of Health Services
Cessation for Disparately Impacted populations

AZ GSM communities
ASS
SYNTHESIZE
BUILD CAPACITY

Arizona Department of Health Services
Cessation for Disparately Impacted populations

2015: Maricopa LGBT Consortium survey - tobacco use top 3 health concerns

LGBT HealthLink

Host LGBT Health Link

AZ Dept. of Health Services
Tobacco Prevention CBOs
GSM-serving CBOs

Healthcare Orgs

Activate Best & Promising Practices

Healthcare Orgs
Fresh Arizona Survey Team

- Arizona Dept. of Health Services (AzDHS) - Bureau of Tobacco & Chronic Disease - Office of Tobacco
- Arizona Smokers Help Line (ASHLine) - University of Arizona
- Pima Prevention Partnership
- Southern Arizona AIDS Foundation (SAAF)
- Tanner Community Development Corporation
- Terros Health, Inc.

Fresh Arizona Community Outreach Team includes individuals from

- AzDHS - Bureau of Tobacco & Chronic Disease - Office of HIV Prevention
- More than Bars
- One ‘n Ten
- Yavapai County Health Department
Institutes of Medicine

- Lack training to provide care for GSM patients.
- Lack knowledge and sensitivity about the health risks and health needs facing their GSM patients.
- Practices and the institutions in which they work may not be fully equipped to appropriately meet the needs and concerns of their GSM patients and their loved ones.
- Providers may not be aware of both the lived experiences and the barriers to care...that exist and are not addressed for members of GSM communities.

**FRESH AZ purpose**

Reduce gaps in patient-provider communication

Promote brief interventions for tobacco use cessation

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Multiple Sources

- High use rates: 2 – 5 x general population
- Intense market by tobacco companies; Acceptance of tobacco for smoking
- Survey: social norms from family and community – sustaining factor
- Greater tolerance of smoking; situational smoking
- May be response to trauma; stigma
- May be commonly accepted as a way to cope with stress and anxiety
- Low rates of identification with healthcare providers
- Lower rates of cancer screening

**FRESH AZ purpose**

Establish tobacco-free norms and environments

Promote access to tobacco use cessation
Lowered tobacco use rate

Institutionalize policies and practices

Achieve organizational / community buy-in

Initiate plan

Assess readiness to adopt best and promising practices

Train providers and identify “champions”

Healthcare Providers

GSM Organizations
Community Readiness Scale
Colorado State University Tri-Ethnic Center

1. No Awareness
2. Denial/Resistance
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Confirmation / Expansion
9. Professionalism

Measure for LGBT-tailored Comprehensive Tobacco Control Programs:
1. Promote LGBT professional safety & leadership in public health
2. Include LGBT community members in policy planning steps
3. Monitor impact of tobacco on LGBT populations
4. Establish cultural competency standards for statewide programs
5. Fund community-based programs to help reduce LGBT tobacco disparities
6. Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns
7. Disseminate findings and lessons learned
Promote LGBT safety and leadership in public health

- Establish and promote non-discrimination policies – internal and others.
- Ensure leadership conveys LGBT welcome in programmatic and employment activities.
- Establish gender neutral bathrooms.
- Establish a professional advisory group consisting of LGBT employees.
- Collect LGBT data in all employee satisfaction surveys.

1. Promote LGBT safety and leadership in public health
2. Celebrate achievements
3. Support EBP practice
4. Healthcare Providers
5. Making the case
6. Supporting Healthcare Providers
7. Find & work with champion
8. Motivate
9. Find the way in
10. Support resource acquisition
11. Celebrate achievements
12. Support EBP practice

Cochise County Copper Queen Hospital

FRESH ARIZONA

PIMA PARTNERSHIP creating conditions for change
GSM Organizations

1. Promote LGBT safety and leadership in public health
   - Training
   - Making the case

2. Celebrate achievements
   - Support EBP practice standard
   - Support sustainability

3. Support resource acquisition
   - Find & work with champion
   - Motivate

4. Find the way in

5. Support sustainability

6. Establish and promote non-discrimination policies - internal and others.
   - Ensure leadership conveys LGBT welcome in programmatic and employment activities
   - Establish gender neutral bathrooms

7. Establish a professional advisory group consisting of LGBT employees

8. Collect LGBT data in all employee satisfaction surveys

9. Access to EBP cessation for employees
   - Promote LGBT safety and leadership in public health

Advertisement courtesy of Michigan Department of Health
AzDHS has committed resources, including funding FreshAZ

Fresh AZ is a statewide group comprised of GSM community members and allies

Relationships with GSM organizations and members

Relationships with Healthcare Organizations

Statewide KAB surveys – Fresh AZ (2016) and Office of HIV Prevention (2018)

Fresh AZ Trainers are receiving compensation for their participation: time and travel.

- Statewide disparities plan developed with guidance from community representatives for these groups
- Engage LGBT leaders in ongoing policy planning efforts
- Show value by paying stipends
- Do not expect representatives to be able to front costs to participate
3 Monitor impact of tobacco on LGBT populations

- Monitor changes in GSM organization policies
- Monitor changes in healthcare organization policies
- Monitor changes in cessation services data with SOGI
- BRFSS with SOGI data

- Include LGBT data collection questions on state tobacco surveillance measures – BRFSS, YRBS, NATS

- Use non-probability surveys to get additional detail and to fill gaps not covered by surveillance.

- Analyze data each year for changes and trends
Arizona’s STAND* Movement

30 youth coalitions

14 AZ counties

400+ active youth

50+ adults

Youth tobacco use prevention

Youth-adult partnership and Coalition management

Tobacco issues

Community Assessment

Civic process

Advocacy and Messaging

Action planning

*Students Taking A New Direction
Statewide collaborations

AzDHS
County Health Departments
Attorney General’s Office
FDA Compliance program
National Voluntaries - ACS, AHA, and ALA
Community Based Organizations
Tribes
Youth stakeholders

Local impacts

Increase Awareness
Promote Cessation
Reduce exposure
Limit Access
Cigarette and E-Cigarette use - Arizona and U.S.
(Youth Risk Behavior Survey)
Conduct 60 – 90 minute training sessions with 15 – 20 public healthcare organizations

Identify champion at six public healthcare organizations

Conduct readiness assessment

Create and implement plan with 4 – 6 public healthcare organizations based on readiness

Conduct 60 – 90 minute training sessions with 10 GSM-serving organizations

Identify champion at ten GSM-serving organizations

Conduct readiness assessment

Create and implement plan with 6 GSM-serving organizations based on readiness

Healthcare Providers

GSM Organizations

Monthly TA and support
THANK YOU

Ken Walker
Director of Initiatives Development
Pima Prevention Partnership
Tucson, Arizona

kwalker@thepartnership.us
Best and Promising Practices for LGBT Inclusion and Cultural Competence: Michigan’s Story

E.J. Siegl, Program Director
Breast and Cervical Cancer Control Navigation Program (BCCCNP)
It Takes a Village.........

Special Thanks to LGBT HealthLink for their support and information in helping Michigan implement best practices through our agencies in delivering care to LGBT individuals.

Also, special thanks to

Bethany Hollender – MI BCCCNP
Julie Hammon – MI BCCCNP and
Angela McFall – MI Comprehensive Cancer Program

for helping to pull together this presentation.
Background

- MI Dept. of Health and Human Services Cancer Section is comprised of the Comprehensive Cancer Control, BCCCNP, CRC, and WISEWOMAN Programs
- Staff in all programs have attended HESJ trainings in an effort to understand and reduce disparities among underserved populations within their programs, including the LGBT community
- Long history of discrimination in LGBT community has contributed to increased risk factors and decreased utilization of breast, cervical, and colorectal cancer screening services
- New 5 year CDC grant in 2018 – One of BCCCNP goals is to improve program’s ability to serve LGBT individuals and the population, as a whole, in Michigan
Conceptual Model - The Perfect Storm

Increased Cancer Risks
- Nulliparity (no child birth)
- Rates of smoking
- Rates of drinking
- Rates of obesity
- Sexual risk factors
- Reproductive risk factors

Decreased Cancer Screening Rates (MI BRFSS Data)
- LB women received 16.2% and 14.2% fewer mammogram and pap tests, respectively
- After adjustment for traditional barriers for screening, LB women had a 2x greater odds of lacking timely mammograms.

(Literature Review Findings):
- 9 out of 11 studies reviewed reported lower screening rates among their LGBT sample

Increased Barriers to Screening
- Discrimination in health system
- Patient mistrust
- Provider insensitivity
- Lower perceived risk of cancer
- Fewer clinical prompts
- Misconceptions in the medical community
- Inadequate or inappropriate interventions
LG BT HealthLink’s LGBT Best and Promising Practices Adopted by BCC CNP

- Include SO/GI data in risk & behavioral surveillance tools (i.e., MIBRFSS)
- Seek & fund programs & campaigns that address LGBT cancer prevention & health promotion
- Support culturally competent delivery of services that increase access to & utilization of cancer screening
- Support recruitment & utilization of patient navigators that are culturally competent and sensitive to the disparities and needs of the LGBT population
Actions to Improve Cancer Screening Rates for LGBT Population in MI

1. For New Grant: extracted SO/GI data from MIBRFSS to look for access disparities
   - Breast and cervical cancer screening rates lesbian & bisexual women (1% Breast, 3.5% Cervical) vs. heterosexual women (98.9% Breast, 96.4% Cervical)
   - Note: Gender Identity data not available in 2012 + 2014 MI BRFRSS data

2. Working with LGBT HealthLink, Michigan Cancer Consortium updated its Board of Director’s nomination process which included adding LGBT status to the Nominee Demographic Questionnaire.

3. Conducted literature review, developed conceptual model, & poster

4. Presented poster at several state and national venues (MPCA, MCC, & CDC)
   - Promoted LGBT HealthLink’s “LGBT Best & Promising Practices”
5. Developed partnerships with LGBT community and health organizations
   ➢ Corktown Health Center (newly opened July 2017) & LGBT Detroit

6. Conducted outreach at 2 LGBT events - Developed contact cards
   ➢ Grand Rapids Pride & Detroit’s Hotter than July

7. LGBT HealthLink webinar training for BCC CNP Navigators, BCC CNP/CRC/WW Annual Meeting &
   MCC Annual Meeting
   ➢ “Health Disparities and Cancer in LGBT Communities”
Actions to Improve Cancer Screening Rates for LGBT Population in MI

8. Established BCCCNP Patient Navigator at Corktown Health Center – refers eligible women to BCCCNP agency for services

9. Discussions underway in arranging for a Mammography van at one of the 2018 Pride events and at Corktown Health Center for LGBT clients

10. BCCCNP/CRC enrollment forms under revision to begin collecting SO/GI data (at the state level)

11. Implement a HESJ Needs Assessment for BCCCNP Public Health agencies to include questions related to LGBT health disparities

12. Gather and disseminate resources for Public Health Agencies to assist in providing sensitive care to LGBT individuals
LG BT HealthLink Tools

Fact Sheets

CANCER IN LGBT COMMUNITIES
LG BT Wellness Fact Sheets

Best and Promising Practices

LGBT BEST AND PROMISING PRACTICES FOR CANCER

LGBT Best and Promising Practices
Throughout the Cancer Continuum

LGBT Best and Promising Practices for Cancer
Michigan Department Of Health Technical Assistance

Recorded: 07/06/2017 2pm ET

Dr. Regina Washington and Anthony R Campo cover basic LGBT cultural competency and reviewed LGBT health disparities with particular emphasis on LGBT cancer disparities including issues related to risk factors, health care access, and health care utilization. LGBT HealthLink's best and promising practices for addressing cancer disparities as well as other helpful resources were also highlighted.
SO/GI Data Collection

Sexual Orientation and Gender Identity Data Collection Demonstration Videos

Click on links below to skip to videos!

- Video 1 – Registration Staff – Helping a patient who does not understand why he is being asked about his sexual orientation
- Video 2 – Registration Staff – Helping a patient whose first language is not English
- Video 3 – Registration Staff – Helping a transgender person who has changed her name
- Video 4 – Clinical Staff – Talking with a parent and child about gender identity
- Video 5 – Clinical Staff – Asking a patient about sexual orientation and gender identity
- Video 6 – Clinical Staff – Asking an adolescent patient about sexual orientation and gender identity
- Video 7 – Clinical Staff – Talking about pronouns with a patient who has a non-binary identification

Additional Sexual Orientation and Gender Identity Data Collection Demonstration Videos*

- Marcus: This video shows two interactions in which a patient, Marcus, is asked about his sexual history. One interaction is positive and one is negative.
- Zoe: This video depicts a patient, Zoe, who expresses interest in starting a family. The doctor asks some open-ended questions and also recommends a Pap test.
- Hunter: This video demonstrates a positive interaction between a doctor and a patient who is questioning their gender identity. It includes a conversation on non-binary gender identity.
- Yousef: This video demonstrates one way for a staff member to intervene when they overhear a colleague make an inappropriate remark about a transgender-identified patient.
- Luis: This video demonstrates two interactions between a patient and registration staff, one positive and one negative.

*Developed in partnership with New York City Health + Hospitals
BC CNP Tools

Breast and Cervical Cancer Control Navigation Program

Awareness, Collaboration, and Action: Reducing Disparities in Breast and Cervical Cancer Screening in Lesbian, Gay, Bisexual, and Transgender Residents of Michigan

BCCNP Tools

Background

- An estimated 2.5 million women in the U.S. are at higher risk for breast and cervical cancers due to their sexual orientation, gender identity, and gender expression.

- Lesbian, gay, bisexual, and transgender (LGBT) women are less likely to receive breast and cervical cancer screenings.

- This program aims to reduce disparities in breast and cervical cancer screenings between LGBT individuals and the general population.

- The American Cancer Society recommends breast cancer screening for all women age 40 and older.

- Cervical cancer screening is recommended annually for women age 21 to 65 years old.

- LGBT women may face additional barriers to accessing health care due to discrimination, stigma, and lack of knowledge.

- This program provides resources and support for LGBT women to access necessary health care services.

- To learn more, visit https://www.bccnp.org/ or call 1-800-652-0100.

- This program is funded by the Michigan Department of Health and Human Services (MDHHS).

Cervical Infection Results

- Cervical screening results are confidential and will not be shared with any other organizations.

- Results are available online for patients who consent to receive their results.

- Results are also available by phone or mail at no additional cost.

- Results are considered confidential and will not be shared without the patient's consent.

- This program is funded by the Michigan Department of Health and Human Services (MDHHS).

References


Strategies to Improve Cancer Screening Rates

- **SO/GI data collection and utilization**
  - MCC Nominee Demographic questionnaire; BCCNP/WW/CRC SO/GI data collection; MI BRFSS data

- **Community clinical linkages**
  - Direct linkages to enrolling in BCCNP at LGBT Pride Events
  - Facilitated partnership between Corktown and KCI BCCNP enrollment site

- **LGBTQ Cultural competency training**
  - BCCNP/CRC/WW Annual Meeting; MCC (statewide audience); navigators; HESJ needs assessments

- **LGBTQ Community Engagement**
  - Pride events
Challenges and Successes

**Challenges:**
- Changing perceptions
  - Providing care for LGBT individuals
  - Use of gender neutral/gender inclusive pronouns
  - BCCCNP focus: Does the person have a cervix or breast tissue – if yes = screening
- Incorporating best practices for LGBT care across 15 agencies who partner with over 700 providers

**Successes:**
- Increasing awareness – providing services to people who need them
- Building partnerships (Corktown)

All driven by SO/GI data → partnerships → actions

Continue to “walk the talk” throughout the Grant Period
Impact of Partnership with LGBT HealthLink

- Prompted a statewide discussion (beyond BCCCNP)
- Partnerships within and outside health departments
- Access to LGBT Experts (feedback on SO/GI data collection; cultural competency training)
These tools and additional resources are available from the MyLGBTHealthLink.org member site. Join today – it’s free!
JOIN THE MOVEMENT TO ACHIEVE LGBT HEALTH EQUITY!

www.mylgbthealthlink.org

HealthLink members have access to:

• Weekly LGBT Health News Roundup
• Scholarships to help support and promote leadership in LGBT health
• Members-only online networking groups
• Exclusive webinars and resources available for download
• Co-branding opportunities
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Tuesday, May 15, 2018
12pm ET: SOGI Data: Promotion and Data Inclusion at State and Local Government Agencies
2pm ET: Special Considerations - Cancer Concerns for and of Sexual Gender Minority
4pm ET: Social Service Navigation: Leveraging Your Referral Network into a Well-funded Case Management and Navigation Program

Wednesday, May 16, 2018
12pm ET: Cervical Cancer Screening for Sexual and Gender Minority
2pm ET: Funding Your Programs through Practice-based Research Partnerships
4pm ET: Best and Promising Practices for LGBTQ Inclusion and Cultural Competence at State and Local Health Departments

Thursday, May 17, 2018
12pm ET: Effective Programs for Reaching and Engaging Underserved and Hard to Reach Populations
2pm ET: Birth of the LGBT Tobacco Control Movement: A Movement to Save Health and Lives
4pm ET: Beyond the Quitline
THANK YOU!

Email: healthlink@lgbtcenters.org
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